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APPLICANTS

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** CONTINUING DATA *****
none

** FOREIGN APPLICATIONS *****
none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 03/26/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>Allowance</i> Examiner's Signature _____ Initials _____	STATE OR COUNTRY MN	SHEETS DRAWING 4	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 7
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ADDRESS
 25944
 OLIFF & BERRIDGE, PLC
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TITLE
 Hearing aid storage case with hearing aid activity detection

FILING FEE RECEIVED 628	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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